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Effective Date 6-1-12

05/14/12--01013--026   **125.00

2012 MAY 22 PH 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

J. SAULSBERRY
EXAMINER

MAY 23 2012

COVER LETTER

SUBJECT: **Partyfess**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renaldo Joseph

Name of Person

Partyfess

Firm/Company

810 NE 127th St

Address

North Miami, FL 33161

City/State and Zip Code

partyfess@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renaldo Joseph _____ at (**305**) **479-6292** _____

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & ☐ $155.00 Filing Fee & ☐ $160.00 Filing Fee,
Certificate of Status   Certified Copy   Certificate of Status &
     (additional copy is enclosed)   Certified Copy
      (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Partyfess LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1350 NE 131st St North Miami, FL 33161

Mailing Address:

1350 NE 131st St North Miami, FL 33161

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mickensone Andre
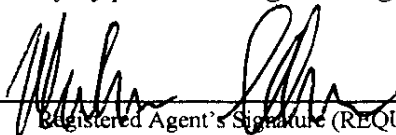Name

1350 NE 131st St

Florida street address (P.O. Box **NOT** acceptable)

North Miami
FL 33161

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Mickensone Andre
1350 NE 131st St
North Miami, FL 33161

MGRM

Renaldo Joseph
810 NE 127th St
North Miami, FL 33161

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _06/01/12_ . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Renaldo Joseph
Typed or printed name of signee

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